California's Health

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MATERNITY PRACTICES IN HOSPITALS IN CALIFORNIA*

The following report summarizes two regional conferences on maternity and newborn care in general hospitals held in Santa Barbara, October 22 and 23, 1954, and in Sonoma, November 5 and 6, 1954. The purpose of these conferences was to analyze the laws, practices and traditions which establish prevailing standards of maternity care in general hospitals. The conferences resulted from recognition that present high standards of maternity care are accompanied by practices which tend to make inflexible the utilization of space and personnel in obstetrical services of general hospitals. This inflexibility tends to reduce the maximum utilization of physical facilities and staff, with resultant high patient-day costs.

Approximately 35 individuals participated in each conference. Participants included obstetricians; pediatricians; physicians in general practice and in public health; hospital administrators; nurses in obstetrics, administration, and public health; members of faculties of universities, and staff members of the State Department of Public Health.

In this report it should be recognized that there is unanimity that high standards of obstetrical care are essential, but unanimity does not always exist on what is necessary to maintain these high standards. This report provides a compilation of the conferees' best judgment on major maternity practices in hospitals for the advice and guidance of those responsible for patient care in hospitals.

In some instances, conclusions reached by the conference are at variance with current legal requirements which are contained in regulations set forth by this Department under the Hospital Licensing Act. In other instances, while conclusions are not at variance with the law, physicians and hospital administrators may wish concurrence of national organizations, such as the Joint Commission on Accreditation of Hospitals, the American Academy of Obstetrics and the American Academy of Pediatrics, before modifying present practices to comply with conclusions reached in the conferences. The State Department of Public Health intends to bring conference recommendations which are contrary to current legal requirements before the Hospital Advisory Board and State Board of Public Health in public hearings to determine whether legal regulations should be changed to comply with conference recommendations. The Department also intends to bring conference recommendations to the official attention of technical groups such as the Joint Commission on Accreditation of Hospitals, American Academy of Pediatrics, and the American Academy of Obstetrics.

Copies of the complete report are available by writing the State Department of Public Health, 2151 Berkeley Way, Berkeley 4.

BACKGROUND, OBJECTIVES, SCOPE, AND ORGANIZATION OF CONFERENCES

A. Background

Serious economic problems are created in operating obstetrical departments under currently accepted laws and customs because of low space utilization and limited flexibility of personnel in obstetrical departments in general hospitals. The State Department of Public Health became interested in certain traditions of maternity service—particularly the segregation of maternity patients from others in the hospital in its activity of assisting communities throughout the State to plan and develop hospital facilities and through administration of the hospital licensing program.

Review of bed usage experience in existing hospitals discloses low average occupancy in maternity departments, compared with a much higher occupancy in other hospital departments. Statistics in a recent study show that average occupancy of acute hospitals in California is 74 percent. In these hospitals, however, the average occupancy in the maternity service is 53 percent and the average in other services is 78 percent. If maternity departments could operate at 78 percent capacity, 3,713 obstetrical beds properly distributed throughout the State could accommodate all maternity cases. At present there are 5,866 maternity beds, or approximately 2,000 more than could be utilized at an average occupancy rate of 78 percent.

Based on State Department of Public Health estimates, California has only two-thirds of the general hospital facilities it needs to serve the State's rapidly increasing population. As new hospitals are built, they invariably include maternity departments. The economic consequences in cost of construction and operation of maternity facilities, which have relatively low

*This report of conclusions and recommendations of the Conferences on Maternity Practices of Hospitals in California has been prepared by Bureau of Hospitals, State Department of Public Health.

utilization, is a serious matter which, over a number of future years, involves many millions of California residents' dollars.

Some maternity departments, because of their isolated location from other parts of the hospital, have actually closed. Because hospitals have been required to maintain separate delivery rooms and operating rooms, the low volume of deliveries in some hospitals has caused the elaborately equipped delivery room to stand idle much of the time. Many hospitals reported that their maternity departments were constantly operating at a deficit.

Study shows that the same general problems exist in hospitals of all sizes, and while shortened patient stay has contributed to the problem of low maternity census, it is less significant in terms of long-range use of obstetrical area than the inflexibility which results from current practices. While some hospitals, in an effort to overcome the deficit and to meet the demand for more medical and surgical beds, have admitted other types of patients to the maternity section when the census in the department is low, others question the advisability of this practice. After consideration, it was determined working conferences would provide the best method of reviewing the problem and its many implications. It was thought that if experienced and well-qualified participants were selected, certain conclusions regarding safe, efficient, and more economical care might be reached, and would point out the need for studies and further evaluation of certain practices and procedures.

B. Objectives of the Conference

Objectives for the conference were:

1. To develop suggestions and recommendations for high quality of maternity care;
2. To determine the importance of strict segregation of maternity departments;
3. To evaluate present procedures and practices from standpoint of safety, efficiency and economy;
4. To designate certain procedures or practices where further study is indicated;
5. To consider how recommendations of the conference can be implemented.

C. Scope and Organization of the Conference

In developing plans for these working conferences, the department consulted a steering committee made up of representatives of the California Medical Association, Northern California Pediatric Society, California Hospital Association, California League for Nursing, California Conference of Local Health Officers, and University of California School of Public Health.

The number of participants selected for each conference by the organizations which they represented, included:

- 12 physicians representing California Medical Association, Academy of General Practice, California Chapters, Academy of Pediatrics, Obstetrical Societies, and California Medical Schools
- 5 representing California Hospital Association
- 5 California League for Nursing
- 2 California Osteopathic Association
- 2 University of California, School of Public Health
- 5 California Conference of Local Health Officers
- 5 Staff, State Department of Public Health

The two-day conferences were organized so that the entire group met together at the opening session and the closing session, but the participants were divided into five small groups for the other meetings.

In the closing session, each group summarized and presented the conclusions of one of five discussion topics as they had been prepared by each of the other groups. By this method, it was possible to present all recommendations of all groups in a brief and concise manner in the limited time available.

RECOMMENDATIONS AND CONCLUSIONS OF THE CONFERENCE

The following report summarizes the conclusions and recommendations of the conference and is divided into the five areas of maternity service, in accordance with the organization of the conference:

I. Admission and Labor
II. Delivery
III. Maternity Patient Unit
IV. Nursery
V. Rooming-in

A. Admission and Labor

Admission Routines. Most of the groups at both conferences believed that no special dangers were encountered in the usual admission procedures of maternity patients, regardless of the stage of labor. Several groups stressed the importance of avoiding delay of admission, particularly in county hospitals where maternity patients are admitted through the same channels as all other patients. While the danger of contracting an infection in the process of admission is probably minimal, there is psychological reason, as well as for obstetrical reasons, for getting the patient admitted to her room or to the labor expeditiously.

The Patient With Communicable Disease. How to deal with the patient who, upon admission, has a communicable disease or has been exposed to one, was not agreed on by all participants. There was divided opinion on whether she should be isolated in or out of the maternity unit, but all agreed that some type of isolation was necessary.

Whether the patient actually had the communicable disease or had merely been exposed to communicable disease should be considered. If the exposure was to a disease not ordinarily contracted by the adult, the need for isolation would be lessened. The degree of transmissibility, the available facilities within the hospital (both in and out of the maternity department) and the availability of skilled nursing personnel were all factors which received mention at the conference. Conference opinion was that placing the patient in a private room under observation in the maternity unit after delivery would be adequate in most cases. Many members felt that the patient could be delivered in the delivery room without creating hazards for other patients.

Delivery Prior to Admission. It was recommended in both conferences that the woman who delivered prior to admission constituted minimal danger and should be admitted to the maternity department. Observation for a period of 24- to 48-hour period in a single room in the maternity unit would be adequate to protect the other patients from possible infection. Rooming-in was suggested as one way of handling the infant during the observation period. The suspect nursery within the unit was the other possibility.

Labor Rooms. It was agreed by the participants that labor rooms are desirable for all hospitals accepting maternity patients though not from the standpoint of protection from infection. Technical efficiency, convenience for doctors and nurses, and psychological benefits to the patients were listed as reasons for labor rooms.

Ideally, the labor rooms should be in close proximity to the delivery room, but the conferees recognized the advantages of having labor rooms close to the patient area in small hospitals where there is no regularly assigned labor room personnel, even though physical segregation of the labor patient from other patients also is desirable.

Staffing the Labor Rooms. It was recommended that the best available qualified nursing personnel be used in the care of patients in labor. All conferees expressed the importance of this phase of maternity care and stated that when skilled personnel is limited it should be utilized in the labor room.

Presence of Husband in Labor Room. Both conferences recommended that the husband should not be excluded from the labor room if his presence is acceptable to the physician and the patient. Unless the labor patient is in a single room, some means of maintaining patient privacy is desirable.

Whether it is necessary for the visitor to be gowned was not resolved. Some did not feel that gowning is necessary from the standpoint of preventing infection, but that it would serve a psychological purpose.

B. Delivery

Separate Delivery Rooms. It was recommended that separate delivery rooms be required in all but the very small hospitals. Reasons for this conference recommendation were not based on preventing the spread of infection, but rather for technical efficiency, convenience, availability, ease of staffing, and maintaining harmonious staff relationships. Most conferees agreed that since sterile aseptic technique is observed in surgical procedures and in deliveries, there is no serious danger of spreading infection to either the maternity patient or surgical patient if the same room is used. It was felt that in hospitals where space could always be available for deliveries, some flexibility should be provided so that delivery rooms and operating rooms might be used for whatever procedure was necessary.

Separate Clean-Up Rooms. It was recommended by part of the groups that separate clean-up rooms for operating rooms and delivery rooms should be provided. Where separate staffs are maintained, it would be particularly desirable to maintain separate work rooms. One reason given was the possibility of spreading infection from surgical to obstetrical patients.

Separate Lockers, Toilets and Showers. It was recommended that separate lockers, toilet and showers were not necessary for surgical and obstetrical personnel, either doctors or nurses.

Nursing Staff in Delivery Room. It was generally agreed that while specialized nursing staff does assure safer and more expert care, no infection hazards are created when the same staff serves delivery and surgery or the delivery room and patient units. Good technique of personnel was stressed as being of most importance.

Presence of Husband in Delivery Room. It was generally agreed in the conferences that the husband or any other relative of the patient should not be allowed in the delivery room. However, there were some conferees who held the opposite view.

Delivery Room Techniques. It was recommended that the present techniques and procedures usually followed in delivery rooms were adequate and desirable. None were listed as being too rigid or too lax.

C. Maternity Patient Unit

Segregation From Other Patients. It was generally recommended by the conferences that absolute segregation from other patients is not necessary for safe and adequate maternity care. Most members agreed that segregation is desirable for efficiency of the service. All members stressed the importance of good technique by personnel, regardless of whether or not the patient area is segregated.

A flexible overlap of obstetrical beds with other beds is possible, but the careful selection of other types of patients was repeatedly stressed. This careful selection would limit the types of patients which can be admitted to the same nursing unit.

One group stressed that maternity patients be given priority in the beds designated as "flexible."

Separate Patient Services. It was recommended that in a flexible unit where other types of patients are admitted, the part of that unit which is used for non-maternity patients need not be provided with separate utility rooms, nurses' station, showers, and toilets; however, all patients should be provided with individual equipment such as bedpans, thermometers, wash-basins and emesis basins.

Separate Nursing Personnel. All conferees were of the opinion that separate nursing personnel for obstetrical and non-obstetrical patients was highly desirable when both types of patients were in the same unit. The majority of the conferees, however, felt that where the patients have been carefully selected, and with good technique, that safe care can be provided if the same personnel cares for all patients in the unit.

Traffic Through Maternity Department. It was generally agreed that traffic (visitor and service) through a maternity department does not constitute an infection hazard to maternity patients to any greater degree than to other types of patients.

Patients With Post-Partum Infections. It was recommended that the patient who had a post-partum infection should be retained in the maternity department and should be isolated in a single or semi-private room. An exception to this practice would be made in the case of transmissible diseases such as chickenpox and measles.

Visitors. It was recommended that visitors should be limited, as much as possible, to include as a minimum the father, and as a maximum not more than two visitors on any one visit. Hours should be restricted and no visitors under 16 years of age should be permitted. Gowning and masking of visitors were not considered necessary.

Visitors should be educated to the objectives of visiting regulations. Use

of posters, classes, pamphlets, displays, etc., was suggested as a possible way to accomplish these objectives.

Evaluation of Post-partum Routines. It was recommended that post-partum routines be reviewed and further evaluated. Handwashing technique was stressed by both conferences as being of greatest importance in preventing spread of infection.

D. Nursery

Capacity of Nursery. It was recommended that nursery units should be designed to accommodate eight or nine bassinets. The reasons for the small units were to limit the number of contacts in the event that infection should occur in a nursery and to limit the number of infants who will be cared for by one member of the nursing staff.

Location of Nursery in Maternity Unit. It was recommended that the nursery should be in close proximity to the post-partum rooms. In order that nurseries not be disturbing to post-partum patients, the importance of soundproofing was expressed.

Nurseries for Observation. It was recommended that observation nurseries for babies suspected of having diseases should be provided within the maternity unit, regardless of the size of the hospital.

Infants With Diagnosed Infections. It was recommended that infants with diagnosed infection should be immediately transferred from the maternity unit and isolated.

Physical Examinations of Nursery Personnel. It was recommended that all personnel assigned to care of newborn should be properly screened and should have periodic annual physical examinations, including chest X-rays. General agreement as to need for inclusion of stool cultures and throat cultures in the examination was not reached.

Importance of Good Technique. The consensus was that with good technique the same personnel could care for infants in the "suspect" nursery as in the normal nursery. It was further agreed that the same nursing personnel could care for mothers as the newborn infants.

Return of Infants to Normal Nursery. It was recommended that newborn infants taken from the normal nursery to X-ray rooms or surgery can be safely returned to the normal nursery without endangering the other infants. Some of the participants urged that this practice be followed if pediatric facilities are not available in the hospital. That the "suspect" nursery might be used to accommodate infants being returned from X-ray or surgery was also suggested.

Handwashing Procedure. It was recommended that the procedure of handwashing before and after handling each infant should receive the most emphasis for safe infant care. The conferees recognized that many inconsistencies in this procedure exist, such as duration of handwashing, method of rinsing, drying, and type of soap or detergent used and it was recommended that this procedure be standardized.

Gowns and Caps. It was recommended that all personnel who enter the nursery should be required to wear gowns and have some type of hair restraint (net or caps).

Masks. It was recommended by most conferees that personnel working regularly in nurseries should not be required to wear masks. Some members, however, considered masks necessary for all nursery personnel. Most conferees were agreed that personnel who entered the nurseries only occasionally, such as maids, orderlies, and doctors, should be required to wear masks.

Preparation of Infant Formulas. It was recommended that any clean area convenient to the maternity section and having the necessary facilities may be used for preparation of infant formulas. Furthermore, it was agreed that formulas for all departments, including maternity, communicable disease, and pediatrics can be prepared in the same area, even if that area is in the maternity unit. Sterilizing the contaminated bottles from pediatrics of other services before being returned to the obstetrical formula room was considered necessary.

Terminal Heat Method. It was recommended by most of the participants that formulas be prepared by the terminal heat method. However, some members believed the asceptic method was acceptable, particularly since some formula substances could not be subjected to the terminal heat method. Trained personnel under professional supervision is necessary for formula preparation, regardless of the method.

E. Rooming-In

This area of maternity practice was included in order that its influence be presented to the working conference. Because rooming-in in itself is not acceptable by some groups, and is a controversial subject, it was not intended that approval or disapproval of the practice should be sought by the conference. The recommendations, however, reflect the group members' attitude toward the practice and not much agreement was reached.

Lack of experience with the practice by many members of the group can also be held responsible for the lack of conclusions. The following generalizations are offered as an outcome of the discussions:

It was generally recommended that rooming-in units should consist of about four mothers and four babies. This was based on the idea that one nurse could probably care for and supervise the care of that number. One group of conferees expressed the idea that single rooms are more adaptable to rooming-in than multi-patient rooms. It was recommended that handwashing facilities be available in every rooming-in unit. It was recommended that nursing personnel be especially trained and interested in the aims and objectives of rooming-in. It was recommended that where rooming-in is practiced, there should be but one visitor—the father or some designated alternate. There was no agreement as to whether or not rooming-in infants can be returned to the normal nursery when it is necessary to remove the baby from its mother. All agreed that it might be a desirable practice to segregate rooming-in infants from infants in the conventional nursery to assure safe care, but not all felt the practice was necessary.

Further Study

The following subjects were listed by the conferees as warranting further study:

1. Admitting routines
2. Rectal examinations of labor patients
3. Masking by personnel in labor rooms

(Continued on page 80)

MERCED COUNTY RABIES QUARANTINE PROGRAM DESCRIBED

A. FRANK BREWER, M.D.,
Merced County Health Officer

Following an outbreak of rabies in skunks in which a number of dogs were also bitten, Dr. A. Frank Brewer, Merced County Health Officer, declared a rabies quarantine on September 2, 1955, a month prior to action of the State Department of Public Health in declaring 26 California counties as rabies endemic areas. Dr. Brewer's account of the program instituted in his county is related here because of the current state-wide interest in rabies control.

On September 2, 1955, this county was declared a rabies endemic area and quarantined by the county health officer. This became necessary because on August 8, 1955, a report of a rabid skunk came to this office, followed a week later by a second one, and a week later by a third. The following steps were taken:

1. The county veterinarian was informed immediately, and through him the cities and county pound's cooperation was solicited.
2. The Health and Safety Code was checked as to the state laws governing quarantine of rabies.
3. A statement was prepared setting forth the quarantine measures to be in effect and the date as to when the quarantine would be imposed, this being ten (10) days after the announcement.
4. The statement was checked by the county attorney as to its proper wording and legality, and then a statement was given to all newspapers of the county by phone that same day, plus the Fresno newspaper through our local representative. The local radio station was notified and made announcements.
5. The following day, letters were prepared to all police offices of the county and cities notifying them of the quarantine and quoting the Health and Safety Code giving their authority to enforce this action. Their cooperation and help was obtained in this program. All agreed to cooperate and none thought it necessary to have a public meeting.
6. The area of the entire county was included in the quarantine because of the distribution of three skunk heads which covered about three-fourths of the county area. The State law was quoted as to restriction of dogs with a leash if outside of private property.

NOTICES TO PRESS, ENFORCEMENT AGENCIES

The following notice was sent to all newspapers, veterinarians and enforcement agencies in Merced County:

Notice is hereby given to all Merced County residents, including cities, that Merced County is hereby declared an "Endemic Rabies Area" and, therefore, is placed under rabies quarantine.

All dogs within the quarantine area shall be kept in strict confinement upon the private premises of the owner, or if taken off the premises of the owner shall be kept under restraint by leash not over five feet in length in charge of a responsible person. All movement of dogs is prohibited unless permission is granted by the county veterinarian or county health officer. Authority for such action is found in Section 1903-5 of the California State Health and Safety Code.

All dogs at large will be killed. All pet owners are urged to have their pets vaccinated. No non-vaccinated dog can be removed from the area. This action is taken because of two proven rabid skunks found in the county during the past week and eight dogs who were bitten by said skunks.

Breaking of this quarantine is a misdemeanor punishable by $500 fine and/or six months in jail. This quarantine is effective as of Friday, September 2, 1955.

The cover letter read as folows:

Your cooperation in the enforcement of this quarantine order is urgently requested. Under Chapter 3, Section 1906-1907, California State Health and Safety Code, all peace officers are granted full authority to enforce all provisions of this order.

SECOND NEWS RELEASE

The following day, another notice was sent to the county newspapers for immediate release.

Many questions are being received on how the quarantine order will effect the use of dogs in hunting.

The order to kill all dogs at large will stand for 60 days, provided no more rabid animals are reported. The use of vaccinated hunting dogs is permissible, provided it is on private property with the permission of the owner of said property and the owner of the dogs assumes the responsibility of his dog running at large and being destroyed. Permits to move dogs from the quarantine area are available at the Merced County Health Department, 13th and D Streets, Merced, and the office of the County Veterinarian, Highway 99 South, at Childs Avenue. These permits are also available at your local police department.

PERMIT TO REMOVE DOGS

On the following day, the greatest difficulty encountered was permit issuing on this quarantine order at the beginning of its enforcement. The greatest problem that arose was that the health department and the veterinarian's office were flooded with calls regarding requests to remove or bring dogs into the county. We, therefore, immediately mimeographed the following permit:

This will certify the undersigned has permission to remove a dog from Merced County, a rabies quarantined area.

Breed or description of dog _____
Vaccination date _____
License No. _____
SIGNATURE OF OWNER: _____

A. FRANK BREWER, M.D.
Merced County Health Officer

W. K. THOMAS, DVM
Merced County Veterinarian

A supply of the above-outlined permits was mailed to all police departments and veterinarians in the county so that they might issue such permits when proper vaccination slips had been shown for the dogs. The transmittal letter which was mailed to all chiefs of police in Merced County follows:

In order to serve the public within your area, who wish permission to move dogs from Merced County, please find enclosed signed permit slips for removal of dogs from the area. Only dogs with proof of rabies vaccination within six months, and within the last thirty (30) days, are allowed a permit.

We would appreciate your filling in the information requested and forwarding a carbon copy to this office approximately once a month.

Transportation lines have been most cooperative in helping cooperation of transport agents by refusing to accept shipment of dogs in and out of the county unless they were properly

vaccinated. The following letter was sent to all transportation lines:

> We are herewith enclosing a copy of the quarantine order declaring Merced County an "Endemic Rabies Area."
>
> We hereby request your cooperation in the shipment of dogs from the quarantine area. Please do not ship dogs out of the quarantine area, unless permission in writing has been given from the County Health Officer, Dr. A. Frank Brewer, or the County Veterinarian, Dr. W. K. Thomas.
>
> Thank you for your cooperation in this matter.

HUNTING STATIONS CHECKED

Additional precaution has been taken by having all hunting stations in the county check all permits for hunting against vaccination certificates before they are issued.

A pin map showing the location of all animal heads, both positive and negative, was prepared and is kept daily.

VACCINATION CLINICS

An average of some 50 calls per day had been received by the County Veterinarian's office and the Health Department in regard to vaccination permits, report of suspicious animals, bites, etc. It became evident that within the first few days the county would need to set up some additional immunization clinics in certain areas. Therefore, the county veterinarian who has charge of the vaccination program, and holds 10 clinics in 10 different schools in the county, decided to hold five additional clinics and set up these clinics at Dos Palos, Los Banos, Merced, Planada, and the Livingston Area.

These clinics were set up in the usual manner, notice being given to the newspapers and some house-to-house canvassing to let people know that their dogs could be vaccinated in the county clinics. These were not free clinics, however, but the regular charge was made, except in two areas where we did 500 free vaccinations.

CITIZEN COOPERATION

Citizens began to cooperate by calling in to have us check on unwanted or stray dogs. Tabulation of these dogs during the first month indicates that more than three times the usual number were picked up. A vaccination questionnaire was prepared asking for the number of dogs vaccinated during this period of quarantine. This check showed that some 2,000 dogs had been vaccinated in one month. One thousand of these were done by the County Veterinarian in his five clinics and his own private practice.

WILDLIFE REDUCTION

An additional step was taken when we had a conference with the U. S. Fish and Wildlife Service of our county, the state representatives and the county agricultural department and decided there should be increased trapping and poisoning of wild animals in the county. Our one county trapper, plus an addition of a state trapper, started this stepped-up program and four additional trappers and poisoners have been promised within a month. Trapping and poisoning has already killed some 3,000 wild animals. The Merced County Health Department has made funds available to these men, for buying bait for this program. In addition, health department staff gave 10 talks to service groups, PTA groups and any others desiring speakers on the subject.

There have been few complaints against the quarantine. Most calls and comments we have received were favorable towards us and the enforcement of the Quarantine Law. Only one anonymous letter has been received by the Health Department accusing us of cruelty.

ONLY FOUR COURT CASES

Four cases of unvaccinated dogs running at large have been taken to court and in each instance the individual has been found guilty. Fines varied from $60 plus 60 days in jail, jail sentence and fine being suspended. Fine and jail sentences to be reimposed if law is broken again. The other cases got $20 fines and suspended 30-day jail sentences.

CONCLUSION

In our opinion, the primary aim of the Quarantine Law is, of course, the vaccination of all dogs and the reduction of all stray dogs. While we are far from accomplishing this, we believe we have our county fairly protected inasmuch as there have been no rabid dogs reported and we have succeeded in increasing our vaccinations by one-third and reduction of stray dogs by three times with no great additional strain on the department.

Twenty-nine California Counties Declared Rabies Endemic Areas

Twenty-nine California counties have been declared endemic for animal rabies by the State Department of Public Health and local health officers in those areas have been requested to draft programs for the control of the disease.

This step was taken to halt a marked increase in the incidence of rabies both in wildlife and in dogs, with 322 cases of the disease in animals reported since January 1st and through October 26th. This is more than three times the number recorded for the same period a year ago.

Rabies has been declared endemic in the Counties of Alameda, Amador, Butte, Colusa, Contra Costa, El Dorado, Fresno, Glenn, Humboldt, Lake, Marin, Mendocino, Merced, Monterey, Napa, Placer, Sacramento, San Benito, San Joaquin, Shasta, Solano, Sonoma, Stanislaus, Sutter, Tehama, Tulare, Yolo, Los Angeles, and Ventura.

In cooperation with the Committee on Administrative Practices of the California Conference of Local Health Officers, the department has established a policy of minimum requirements which local health officers must meet in the drafting of adequate rabies control programs.

The following policy decisions were made by the department following an October 26th meeting of the CAP:

1. If the local health officer in a rabies endemic area does not declare a quarantine or take other acceptable action, the State Department of Public Health will declare a quarantine after it is convinced all avenues for securing acceptable action have been exhausted.

2. Quarantine action within an endemic area will not be required if local authorities have or are in the process of adopting an adequate program for the control of rabies as permitted by the State Health and Safety Code.

3. The State Department of Public Health will consider as an "adequate" substitute for quarantine a city or county government jurisdiction which has adopted and enforces an ordinance which provides for registration of all dogs, antirabies vaccination of all dogs allowed to run at large, and maintenance of a pound and pick-up system.

4. If rabies continue to occur in such areas six months after adoption of control measures, the department will investigate and may require more strict enforcement or establishment of a quarantine.

The endemic area is defined as all of the territory within a county from which one or more cases of animal rabies has been reported since January 1, 1955. This includes the incorporated cities in the county. The endemic areas may change as conditions warrant. In the quarantine areas, dogs must be kept under restraint, but may be released from restraint 30 days after they have been vaccinated against rabies at the discretion of the local health officer.

Index to California's Health Now Available

The index to Volume 12 of *California's Health* is now ready for distribution in mimeographed form to local health departments, libraries, and other interested agencies. Material in the 24 issues from July 1, 1954, through June 15, 1955, is indexed by subject and signed articles are also listed by author.

Requests for copies of the index should be addressed to the Bureau of Health Education, California State Department of Public Health, 2151 Berkeley Way, Berkeley 4.

Fall Meeting of Health Officers To Be Held in Santa Ana

This year's fall meeting of the California Conference of Local Health Officers has been set for December 7, 8, and 9, in the new building of the Orange County Health Department in Santa Ana. Dr. Harold D. Chope, Director of the Department of Public Health and Welfare of San Mateo County and president of the conference, will preside. All full-time health officers of the State belong to the conference, which is now in its ninth year after establishment by legislative act as an advisory body to the State Department of Public Health.

The Committee on Administrative Practices of the conference met in October at Stockton. A report will be made by CAP of the work and recommendations of the various study committees of the conference.

August F. Glaive Honored on Retirement After 42 Years of State Service

On June 1, 1913, August F. Glaive, a young man of 28, went to work for the State Board of Health as a Food and Drug Chemist. On October 31, 1955, some 42 years and five months later, he retired at age 70, with a record of valued public service to the people of California. His outstanding service was given special recognition by the State Board of Public Health in a resolution adopted at their October meeting. He was also honored by fellow employees at a testimonial dinner on October 28th.

August F. Glaive, second from right, views a special resolution presented to him on his retirement by the State Board of Public Health. With him are three close associates, left to right, Dr. Howard L. Bodily, present Chief of the Division of Laboratories; Dr. Malcolm H. Merrill, formerly Chief of the Division of Laboratories from 1941 to his appointment as State Director of Public Health in 1954, and Milton P. Duffy, Chief of the Bureau of Food and Drug Inspections, now in his 41st year with the department.

The board emphasized the outstanding contribution which Mr. Glaive has made during his long and faithful service in protecting the people of California against fraud and adulteration of food and drug products.

Since 1941 Mr. Glaive has served as Chief Food and Drug Chemist for the State Department of Public Health. The original food and drug laboratory in 1913 had one director, two chemists and four inspectors. Today this laboratory has grown to 13 food and drug chemists. (The inspection personnel were transferred in a reorganization of services in 1931 to the Bureau of Food and Drug Inspection.)

When Mr. Glaive began his service with the State Board of Health, the food and drug work was under the direction of Professor M. E. Jaffa of the University of California, College of Agriculture. Mr. Glaive became assistant to Professor Jaffa on November 1, 1914, and performed in this capacity until 1927, when the State Legislature transferred duties and responsibilities of the old State Board of Health to a newly created State Department of Public Health.

Upon the death of Professor Jaffa in 1931 all the laboratories of the State Department of Public Health were brought under the direction of Dr. W. H. Kellogg, and the duties and functions of the Food and Drug Laboratory were transferred to this new bureau, later designated as the Division of Laboratories. It was at this time that Mr. Glaive was designated by Dr. Kellogg as supervisor of the Food and Drug Laboratory and the inspection personnel were transferred to the Bureau of Food and Drug Inspections. Later, under Dr. Malcolm H. Merrill's administration of the Division of Laboratories, Mr. Glaive's title was changed to Chief Food and Drug Chemist.

Minnesota Health Officer Dies

Albert J. Chesley, M.D., executive officer of the Minnesota State Department of Public Health since 1921, died October 17th at the age of 78. He had been in public health work since 1901. He was president of the State and Territorial Health Officers Association from 1924 to 1927 and secretary from 1927 to 1945.

Maternity Practices

(Continued from page 76)

4. Medical and nursing routines in labor rooms
5. Single versus multiple patient labor rooms.
6. Ratio of number of labor beds to delivery rooms to maternity beds
7. Psychological aspects of labor
8. Anesthesia practices in delivery room
9. Identification practices of newborn
10. Cord techniques
11. Size of nurseries
12. Types of containers for formulas
13. Effectiveness of "hand dips" in nurseries
14. Methods of formula preparation
15. Breast care routines
16. Perineal care routines
17. Early ambulation of post-partum patient
18. Rooming-in

Health Officer Change

Modoc County

Jack Clinton Gilbert, M.D., has been appointed part-time health officer to fill an existing vacancy. He will be receiving his mail in Cedarville, California, although the health department office is still in Alturas.

American Speech and Hearing Association to Convene in Los Angeles

The 31st Annual Meeting of the American Speech and Hearing Association will be held November 17th to 19th at the Statler Hotel in Los Angeles. Concurrently with it will be the Annual Meeting of the California Speech Therapists Association. Special features of the convention will include guided tours through the John Tracy Clinic and the Headquarters of the Subcommittee on Noise in Industry of the American Medical Association. This is the first meeting of the national association in California.

Public health workers interested in disorders of communication are invited to attend.

Public Health Positions

Alameda County

Sanitarians: Salary range $365-$436. County car furnished. Requirements are bachelor's degree in sanitary or allied science; eligibility for, or registration as, sanitarian in California; and Civil Service (APHA) examination.

Apply to Charles B. Ruegnitz, Chief, Bureau of Sanitation, Alameda County Health Department, 15000 Foothill Blvd., San Leandro, California.

Butte County

Public Health Nurses: Salary range, $351-$413 in four steps. For generalized program, including school services. County car or 8 cents per mile.

Sanitarian: Salary range, $351-$413. Generalized Sanitation. County car or 8 cents per mile.

For further information on the above positions apply Butte County Health Department, P. O. Box 1100, Chico, California.

Humboldt County

Public Health Nurses: Salary range, $332-$415 in yearly steps. Car furnished. Two positions open. California registration and Public Health Nursing Certificate required.

Write to Humboldt-Del Norte County, Department of Public Health, 805 Sixth Street, Eureka, California.

Sonoma County

Sanitarians: Starting salary $341. Two positions open. County car furnished. Civil Service.

Contact R. S. Westphal, M.D., Sonoma County Health Officer, 3325 Chanate Road, Santa Rosa.

State of California

Junior Public Health Analyst: Salary range $358-$436. Final filing date for examination, January 27, 1956. Examination date, February 18, 1956. Applicants must have one year of experience in technical statistical work or in technical public health research. (Twelve semester units of graduate work in public health may be substituted for the required experience. Registration as a graduate student in public health at a recognized institution will admit applicants to the examination, but the 12 semester units must be satisfactorily completed before they will be considered eligible for appointment.) Educational requirement is the equivalent to graduation from college although additional qualifying experience may be substituted for the required education on a year-for-year basis. Six months of experience in the California State Department of Public Health as a Research Assistant is accepted as meeting the requirements for entrance to the examination. Employment may be in Berkeley or Los Angeles. Applications and further information may be obtained from the State Personnel Board in Sacramento, San Francisco, Los Angeles and at the local California Department of Employment Office.

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